



BOARD OF ZONING APPEALS - CITY OF MILWAUKEE

NOTICE OF APPEAL AND APPLICATION FOR REVIEW

Address of Property Affected _____

Petitioner Info:

Petitioner Name: _____
 (must have legal
 interest in land) _____

Mailing Address: _____

City/State: _____

Zip Code: _____

Phone: _____

Fax: _____

Contact Info:

Name of person to
 contact with any
 questions: _____

Mailing Address: _____

City/State: _____

Zip Code: _____

Phone: _____

Fax: _____

Relationship to
 Petitioner _____

e.g. Architect, Attorney, Contractor, etc.

Property Information:

Present Use of
 Property _____

Proposed Use of
 Property _____

Total Anticipated
 Investment in Property* \$ _____

** REQUIRED - Please fill-in the estimated dollar
 amount necessary to complete the proposed project
 or implement the proposed use.*

Do you: ☐ Own the property

☐ Lease the property, If so what is term of lease: _____ yrs. w/ options? _____

☐ Have an offer to purchase the property

☐ Have another type of interest in the property _____

Petitioner's Signature: _____ **Date:** _____

For Staff Use Only:

Previous BOZA
 history at this site: ☐ YES ☐ NO

Lot Area: _____

If yes what was
 last Case No. _____

Zoning: _____

Hearing date: _____

Quarter Section: _____

Aldermanic Dist.: _____

Is the use of the
 property changing: ☐ YES ☐ NO

Is this a new

Validation for \$_____ Fee Must Appear Here

Type 0209

Note:

Depending upon your application, you may be required to pay additional fees prior to your hearing. For a complete list of fees, please refer to § 200-33-65 Milw. Codes. This application will not be accepted for review unless the validation block indicates that the FEE has been paid. ALL FEES ARE NON-REFUNDABLE. Please make checks payable to:

"City of Milwaukee – Treasurer".